



STATE OF WASHINGTON
WASHINGTON STATE BOARD OF HEALTH
1102 SE Quince Street • PO Box 47990
Olympia, Washington 98504-7990

January 8, 2003

TO: Washington State Board of Health Members
FROM: Linda Lake, WSBOH Chair
RE: BRIEFING ON WEST NILE VIRUS PLANNING

Summary

West Nile virus (WNV) is primarily spread by the bite of an infected mosquito. Mosquitoes pick up the virus by feeding on an infected bird and can infect many types of birds, horses, and people. Humans generally do not serve as a reservoir of the disease. Most people who become infected with West Nile virus have either no symptoms or only mild symptoms like a fever, headache, and body aches. On rare occasions, infection can result in a severe and sometimes fatal illness known as West Nile encephalitis—inflammation of the brain. The risk of severe infection is higher among people who are 50 and older. The Centers for Disease Control and Prevention received reports of 3,873 human cases of the illness in 2002, including 246 fatalities.

WNV, which has been steadily spreading across the United States, has reached Washington. The disease has been confirmed in a raven from Pend Oreille County, a crow from Snohomish County, and in two horses, one from Island County and the other from Whatcom County. Currently, there are no reports of human cases contracted in Washington.

Because WNV is an emerging public health issue that we are likely to hear more about over the coming year, I have asked Department of Health staff to update the Board on plans and preparations occurring in Washington. I have also asked Lou Dooley, Clark County Health Department Environmental Health Director and Clark County Mosquito Control District staff, and Larry Fay, Jefferson County Health and Human Services Director of Environmental Health, to comment on the plans from the local health jurisdiction (LHJ) perspective. WNV is an example of an emerging issue that is likely to challenge the public health infrastructure and stretch resources that are already thin.

Board action recommended

No action recommended at this time.

Background

The Board has general authority to adopt rules for the prevention and control of infectious and noninfectious diseases, including food and vector borne illness (RCW 43.20.050 (e)).

Local health jurisdictions have general authority to “prevent, control or abate nuisances which are detrimental to the public health,” and “control and prevent the spread of any dangerous, contagious or infectious diseases that may occur” within their jurisdiction (RCW 70.05.070).

Mosquito Control Districts (MCDs), once established by a petition or resolution by county commissioners, have specific authority regarding mosquito control. MCDs may issue general obligation bonds and property tax levies, with the approval of three-fifths of voters (RCW 17.28.260). They also may “take all necessary or proper steps for the extermination of mosquitoes,” including acquiring property, entering any property, and controlling mosquitoes on private property at the expense of the owner (RCW 17.28.160)

The Department of Health (DOH) has specific authority regarding mosquito control:

- The secretary of health is required to coordinate plans for mosquito control work (RCW 70.22.030)
- The secretary of health may abate as nuisances breeding places for mosquitoes, acquire property, make contracts, publish information, and do any and all other things necessary to establish a state-wide program for the control or elimination of mosquitoes as a health hazard (RCW 70.22.005 through 020).

DOH published a *Mosquito-borne Disease Response Plan* in November 2002 that establishes guidelines for state and local agencies for preparing and responding to mosquito-borne viruses, including WNV. The plan contains basic mosquito and mosquito-borne disease information; mosquito, bird and mammal surveillance guidance; mosquito control information; public information guidance documents; and information on state and local agencies’ roles and activities. DOH, Department of Agriculture, and Department of Ecology are offering statewide workshops on mosquito control for state and local agency staff and private pest control operators.

There is some question regarding how the state’s specific authority and the LHJs general authority interact to determine the agencies’ different roles and responsibilities. DOH recommends in its *Mosquito-borne Disease Response Plan* that:

Local health jurisdictions should provide personnel, either internally or contractually, necessary to conduct a routine mosquito-borne disease surveillance program. This should include personnel needed to conduct larval and adult mosquito surveillance, dead bird surveillance, human and horse case surveillance, and public information/education campaigns. The local health jurisdiction should also identify organizations with mosquito control capabilities within their jurisdiction and determine if adequate capability exists....

According to its *Mosquito-borne Disease Response Plan*, DOH will assist LHJs by providing technical assistance and training on mosquito-borne disease surveillance.

Given the tightening of resources, some LHJs have stated that it will be a challenge for them to meet public expectations for information and mosquito control, while maintaining existing public health functions.